

CLAIMS ONLY							Application Number <b>10747693</b>		Filing Date <b>12/30/03</b>		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
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Total Indep	<b>3</b>						Total Indep				
Total Depend	<b>12</b>						Total Depend				
Total Claims	<b>15</b>						Total Claims				